HEIGHT HIND MINIMO

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

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FER MAIL CENTER

| | | | | <u> </u> | í | Office Use Obly CEM! | ξ. Γί |
|--------------|---|--|--------------------------------|---|-----------------------|--|---------------------|
| 1. NAME (| OF ITTEE (in full) | TYPE OR PRINT ▼ | | ple: If typing, type he lines. | 12FE4M | 5 | |
| US Trans | sportation, Energy | / & Technology All | iance PAC (go-b | y USTETA PAC | | <u>i </u> | |
| | <u> </u> | | | | _1_1_1_1 | | |
| ADDRESS (| (number and street) | 110 D Street S | E L l l l i l | | | | |
| tha | eck if different an previously ported. (ACC) | Suite 404 Washington | | | IDC I | 20003 | |
| | DENTIFICATION N | UMBER ▼ | CITY A | | STATE A | ZIP CODE ▲ | |
| С | c00495929 | | 3. IS THIS REPORT | NEW (N) O | OR AN | MENDED | |
| (Choose | OF REPORT of One) carterly Reports: April 15 Quarterly Report (Counterly Report (Non-electic Year Only) (MY) Termination Report (TER) | PRE-Ele Report f (d) 30-Day POST-E Report f | ection or the: Election on G | May 20 (in Jun 20 (in | M6) Sep | 20 (M9) | 20 (M12) lection |
| | ng Period 10 | | 2014 | through 1 | 2 31 | 2014 2014 | |
| | t have examined the nt Name of Treasure | nis Report and to the er Oliver Meissr | | age and belief it i | s true, correct and | a complete. | |
| Signature of | f Treasurer | disé | llis | | Date 01 | 28 201 | 4 |
| | | neous, or incomplete in | nformation may subj | ect the person signi- | ng this Report to the | ne penalties of 52 U.S.C | . § 30109. |
| 1 L | ffice Jse | | | | | FEC FORM 32 Rev. 12/2004 | X I |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| FEC Form 3X (Rev. 02/2003) | OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|---|---|---------------------------------------|
| Write or Type Committee Name | | · · · · · · · · · · · · · · · · · · · |
| Report Covering the Period: From: | 10 01 2014 To: | 12 31 2014 |
| - | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, 2014 | • . | 100.00 |
| (b) Cash on Hand at Beginning of Reporting Period | 1400.00 | |
| (c) Total Receipts (from Line 19) | 2000.00 | 1000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 3400.00 | 10100.00 |
| 7. Total Disbursements (from Line 31) | 750.00 | 7450.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 2650.00 | 2650,00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | ; ; |
| Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| This committee has qualified as a mul | lticandidate committee. (see FEC FORM 1M) | |
| · · · · · · · · · · · · · · · · · · · | For further information contact: | |
| | Federal Election Commission 999 E Street, NW Washington, DC 20463 | |
| | Toll Free 800-424-9530 Local 202-694-1100 | · |

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

| V | me of Type Committee Name | | · | | |
|-------------|---|---|--|--|--|
| R | eport Covering the Period: From: 10 | / 01 / 2014 To | o: 12 / 31 / 2014 | | |
| I. Receipts | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | |
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees | | | | |
| | (i) Itemized (use Schedule A) | 2000.00 | 7000.00 | | |
| | (ii) Unitemized(iii) TOTAL (add Lines 11(a)(i) and (ii)▶ | 2000.00 | 7000.00 | | |
| | (b) Political Party Committees | | 27 A | | |
| 12. | 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees | 2000.00 | 7000.00 | | |
| 13. | All Loans Received | 77. 6. 77. 6. 77. 6. 77. 6. 77. 6. 77. 6. 77. 6. 77. 6. 77. 6. 77. 77 | 27 | | |
| | Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 3000.00 | | |
| 16. | (Carry Totals to Line 37, page 5) | | 72. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | |
| 17. | Political Committees Other Federal Receipts (Dividends, Interest, etc.) | | | | |
| 18. | Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) | | | | |
| | (b) Levin Funds (from Schedule H5) | | Annual 22 Annual Annual 22 Annual Annual 22 Annual Annual 22 Annual 22 Annual 22 Annual 22 Annual 22 Annual 22 | | |
| | (c) Total Transfers (add 18(a) and 18(b)) | | 1. A. | | |
| 19. | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 2000.00 | 1000.00 | | |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 2000.00 | 1000.00 | | |

DETAILED SUMMARY PAGE of Disbursements

| | FEC Form 3X (Rev. 02/2003) | or Disbursements | Page 4 | | |
|-------------------|--|--|--|--|--|
| II. Disbursements | | COLUMN A | COLUMN B | | |
| 21. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share | Total This Period | Calendar Year-to-Date | | |
| | • | | 77-1-17-1-1-1 | | |
| | (ii) Non-Federal Share(b) Other Federal Operating Expenditures | 22 | 2224 | | |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ | | | | |
| 22. | Transfers to Affiliated/Other Party | | | | |
| 23. | Committees Contributions to Federal Candidates/Committees and Other 'Political Committees | 750.00 | 4450.00 | | |
| 24. | Independent Expenditures | | | | |
| 25. | (use Schedule E) | 22 0 1 2 1 4 2 | | | |
| 26. | Loan Repayments Made | 0.Q0 | 3000.00 | | |
| 27. 28. | Loans Made Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | | | | |
| | (b) Political Party Committees | | | | |
| | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶ | | | | |
| 29. | Other Disbursements | | A 272 B 472 B | | |
| 30. | Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6) | 20)) | | | |
| | (i) Federal Share | 73-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | |
| | (ii) "Levin" Share(b) Federal Election Activity Paid Entirely With Federal Funds | 772 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | |
| | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 272 | 22. 4. 4. 27. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. | | |
| 31. | Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 750.00 | 7450.00 | | |
| 32. | Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 750.00 | 7450.00 | | |
| | • | | , | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 111. | Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------|--|-------------------------------|--|
| 33. | Total Contributions (other than loans) (from Line 11(d), page 3) | 2000.00 | 2000.00 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 77 - 72 - 72 - 73 - 73 - 73 | |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2000.00 | 2000.00 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | | |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | | |
| | | | principal de la companya de la comp |

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11b 11c 12 11a **Detailed Summary Page** 13 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial)

| SUBTOTAL of Receipts This Page (optional) | • | A |
|---|-------------|---|
| TOTAL This Period (last page this line number only) | > | |

State

Occupation

Aggregate Year-to-Date ▼

Zip Code

C.

City

Mailing Address

Name of Employer

Primary

Receipt For:

FEC ID number of contributing federal political committee.

Other (specify) -

General

Date of Receipt

Amount of Each Receipt this Period

| TEMIZED DISBURSEMENTS | Use separate schedule(s) | FOR LINE I (check only | |
|--|---|---------------------------|--|
| LIMELD DIODONOLIMENTO | for each category of the Detailed Summary Page | 21b 27 | 22 23 24 25 26 28a 28b 28c 29 30b |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam | | by any perso | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | e and address of any pointear | COMMITTEE TO | Solicit Commissions, from Spen Committee. |
| | AU' DAO / l | LICTETA D | 14.01 |
| / US Transportation, Energy & Technol | ogy Alliance PAC (go-by | USTETAP | AC) |
| Full Name (Last, First, Middle Initial) | • | | Date of Disbursement |
| Swalwell for Congress | | | Maw / Dao / Askadad |
| Mailing Address 6689 Owens Drive | , , | | 10 09 2014 |
| City | tate Zip Code | | |
| | CA 94588 | | |
| Purpose of Disbursement | F | 044 | A Coul Bill accept to B fort |
| Contribution | | 011 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 250.00 |
| Eric Swalwell | | Туре | 250.00 ± d |
| Office Sought: House Disbursen | _ | | |
| L L | Primary General | | |
| | Other (specify) | | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) | | | |
| Swalwell for Congress | | | Date of Disbursement |
| Mailing Address 6689 Owens Drive | | | 10 09 2014 |
| City | State Zip Code | | |
| | CA 94588 | | |
| Purpose of Disbursement | F | | <u> </u> |
| Contribution | | 011 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 500.00 |
| Eric Swalwell | | Туре | 500,00 |
| Office Sought: House Disbursen | | • | · · |
| L | Primary General | | |
| | Other (specify) ▼ | | , |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) | | | |
| 5. | | | Date of Disbursement |
| | | | M M M / [D # D] / Y # Y # Y # Y # Y |
| Mailing Address | | | |
| City | state Zip Code | | |
| Purpose of Disbursement | | | |
| Candidate Name | | | Amount of Each Disbursement this Period |
| | | Category/ Type | |
| Office Sought: House Disbursen | nent For: | .,,,, | beater And March 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 |
| <u> </u> | Primary General | | · |
| | Other (specify) | | |
| State: District: | · · · · · · · · · · · · · · · · · · · | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 750.00 |
| | | | Considerated the set I have been a Considerated the set of the set |
| TOTAL This Period (last page this line number only) | | | 750.00 |

| SCHEDULE C (FEC Form 3X) | <u> </u> | |
|--|--|---------|
| LOANS | Use separate schedule(s) PAGE OF for each category of the | |
| | Detailed Summary Page FOR LINE 13 OF FORM 3X | |
| NAME OF COMMITTEE (In Full) | | |
| | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election | _ |
| | Primary General | |
| Mailing Address | Other (specify) ▼ | |
| City State | ZIP Code | |
| Original Amount of Loan Cumulative Pays | ment To Date Balance Outstanding at Close of This Per | iod |
| | | |
| TERMS | hand had been been been been been been been bee | 24 |
| | ate Due Interest Rate Secured: | |
| Mam / Bab / Yayayay | | No |
| List All Endorsers or Guarantors (if any) to Loan Source | | _ |
| Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| , and the second | | |
| City State ZIP Code | Amount Guaranteed | |
| State Zir Code | Outstanding: | |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | | |
| City State ZIP Code | Amount Guaranteed | |
| | Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount promption of autopoor contract and a second contract and a | |
| City State ZIP Code | Guaranteed | |
| 4. Full Name (Last, First, Middle Initial) | Outstanding: Name of Employer | |
| | Ivalie of Employer | |
| Mailing Address | Occupation | |
| | Amount | _ |
| City State ZIP Code | Guaranteed Outstanding: | |
| | Outstanding. | |
| | have shown the anthrone free sufference from sufference from the s | |
| SUBTOTALS This Period This Page (optional) | beautiful and the second and the sec | _ |
| TOTALS This Period (last page in this line only) | | |
| Carry outstanding balance only to LINE 3, Schedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summar | — у. |

SCHEDULE C-1 (FEC Form 3X) Supplementary for Information found on LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** lC **LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? If yes, date originally incurred Total B. If line of credit, Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? If yes, specify: Yes Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name Signature Title

| SCHEDULE D (FEC Form 3X) | (Use separate | PAGE OF |
|--|----------------------------|--|
| DEBTS AND OBLIGATIONS | schedule(s) | FOR LINE NUMBER: |
| Excluding Loans | for each numbered line) | (check only one) 9 |
| NAME OF COMMITTEE (In Full) | | 113 |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of D | ebt (Purpose): |
| | | |
| Mailing Address | | |
| City State Zip Code | ` | |
| Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period | Quistandi | ng Balance at Close of This Period |
| | | |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of D | ebt (Purpose): |
| Mailing Address / City State Zip Code | | |
| Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Payment This Period | | ng Balance at Close of This Period |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of D | ebt (Purpose): |
| Mailing Address | | |
| City State Zip Code | | |
| Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period | | ng Balance at Close of This Period |
| | | |
| 1) SUBTOTALS This Period This Page (optional) | | |
| 2) TOTALS This Period (last page this line number only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | > [| and Denotherwoodness 22 configuration and the software |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only | | |

| SCHEDULE E (FEC Form 3X) | | |
|---|--------------------|--|
| TEMIZED INDEPENDENT EXPENDITURES | | PAGE OF FOR LINE 24 OF FORM 3X |
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| | | |
| Check if 24-hour report 48-hour report New | report Amends repo | ort filed on |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Mailing Address | | Amount |
| City State | Zip Code | |
| City | Zip Code | Date of District on Children |
| Purpose of Expenditure | Category/ | Date of Disbursement or Obligation |
| | Туре | |
| Name of Federal Candidate | Support | Office Sought: House District: |
| | Oppose | President Senate State: |
| Calendar Year-To-Date Per Election for Office Sought | 35.1.1.65.4 | Disbursement For: Primary General Other (specify) ▶ |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| | | Man / Dao / Varana |
| Mailing Address | | Amount Sessional Ses |
| City State | Zip Code | |
| | · | Date of Dishuragenet or Obligation |
| Purpose of Expenditure | Category/ Type | Date of Disbursement or Obligation |
| Name of Federal Candidate | Support | Office Sought: House District: |
| | Oppose | President Senate State: |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | | The state of the s |
| , | | 22mmland 22mmland 22mmland 22mmland |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent. | | |
| | Date | MJM / DED / TYPYJY |
| Signature | | |

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

| ON BEHALF OF CANDIDATES FOR FED | ERAL OFFICE | PAGE OF |
|---|---|---------------------------------------|
| (To be used only | ral Election) FOR LINE 25 OF FORM 3 | |
| NAME OF COMMITTEE (In Full) | | Check if 24-hour notice |
| Has your committee been designated to make coordinated expenditures by a political party committee? YES NO | Full Name of Subordinate Committee | · |
| If YES, name the designating committee: | Mailing Address City | State ZIP Code |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure Category |
| Mailing Address | | Туре |
| City State | Zip Code | Date |
| Name of Federal Candidate Supported Office Soug | ht: | Amount |
| Aggregate General Election Expenditure for this Candidate ▶ | 77 | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure Category Type |
| Mailing Address | | Date |
| City State | · · · · · · · · · · · · · · · · · · · | M |
| Name of Federal Candidate Supported Office Soug | ht: House State: Senate District: | Amount |
| Aggregate General Election Expenditure for this Candidate ▶ |) | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure Category |
| Mailing Address | | Type Date |
| City State | | M M / D D / Y TY Y |
| Name of Federal Candidate Supported Office Soug | ht: House State: District: Presidential | Amount |
| SUBTOTAL of Expenditures This Page (optional) TOTAL This Period (last page this line number only) | | |

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

| NAME OF COMMITTEE (In Full) |
|---|
| |
| |
| USE ONLY ONE SECTION, A or B |
| A. State and Local Party Committees |
| Fixed Percentage (select one) |
| Presidential-Only Election Year (28% Federal) |
| ——— Presidential and Senate Election Year (36% Federal) |
| Senate-Only Election Year (21% Federal) |
| |
| |
| B. Separate Segregated Funds and Nonconnected Committees |
| Flat Minimum Federal Percentage |
| If the committee will allocate using the flat minimum percentage of 50% federal funds, check or |
| If the committee is spending more than 50% federal funds, indicate ratio below |
| Federal% |
| Nonfederal% |
| This ratio applies to (check all that apply): |
| Administrative Generic Voter Drive Public Communications Referencing Party Only |

| SCHEDULE H2 (FEC Form 3X) | [n.or |
|--|---|
| ALLOCATION RATIOS | PAGE OF |
| NAME OF COMMITTEE (In Full) | |
| RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the feder expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit exp where the federal proportion of disbursements is based on the benefit derived by rederal tivity. For PACs Only: Direct candidate support includes public communications or voter federal and perfederal condidates. reportulated to whether there is a reference to a politic | pected to be derived, I candidates from the ac- drives that refer to both |
| federal and nonfederal candidates, regardless of whether there is a reference to a politic are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported | NONFEDERAL % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported | NONFEDERAL % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported | NONFEDERAL % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported | NONFEDERAL % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported | NONFEDERAL % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: | NONFEDERAL % |

Same as Previously Reported

Revised

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

| PAGE | OF | | |
|----------|--------|------|----|
| İ | | | |
| EOR LINE | 192 OF | FORM | 37 |

| AME OF COMMITTEE (In Full) | | |
|--|--|--|
| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
| BREAKDOWN OF TRANSFER RECEIVED | | |
| i) Total Administrative | | |
| ii) Generic Voter Drive | | |
| iii) Exempt Activities | | |
| iv) Direct Fundraising (List Activity or Eve | ent Identifier) | hand the hands along the first and the second transfer that the second second transfer that the second second transfer that the second |
| | Tanas transformed | |
| a) | | - |
| b) | | |
| c) Total Amount Transferred For Direct | Fundraising | Anna Maria California Maria Mari |
| v) Direct Candidate Support (List Activity | | See and assembly and I have been always I have been always by the second assembly the second as the second assembly the second |
| Vy Direct Canadate Capport (Elot News) | programmer) | |
| a) | | |
| b) | | |
| | Candidate Support | |
| vi) Public Communications Referring On | ily to Party (Made by PAC) | |
| <u> </u> | ALS FOR BREAKDOWN OF TRANSFER RECE | |
| | lamenta contraction of a second | Anna Sera referendamenta recedio conf |
| OTAL This Period (Administrative) | the matter of the contract of | And I have been a second and a second a second and a second a second and a second a second and a second and a second and a |
| OTAL This Period (Generic Voter Drive) | | 2 |
| OTAL This Period (Exempt Activities) | The state of the s | |
| OTAL This Period (Direct Fundraising) | | channel the continue and the continue of the continue of |
| OTAL This Period (Direct Candidate Support). | | |
| OTAL This Period (Public Communications Re | ferring Only to Party) | Annual Consultance of Taxaban Consultance of the Co |
| OTAL This Period (Total Amount Transferred) | | the manufacture of the same the same to the same |

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SCHEDULE H4 (FEC Form 3X)

NAME OF COMMITTEE (In Full)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE | | OF | | | _ |
|-------|-----|-------|------|----|----|
| FOR L | INE | 21a O | F FC | RM | зх |

| Ā. | Full Name (Last, First, Middle Initial) | | - | | Allocated Activity or Event: Administrative Fundraising Exempt |
|----|--|--|--|-------------------------------------|---|
| | Mailing Address | - | | | Voter Drive Direct Candidate Support |
| | City | State | Zip Code | | Public Comm (ref to party only) by PAC |
| | Purpose of Disbursement: | | | | Allocated Activity or Event Year-To-Date |
| | Activity or Event Identifier: | | | Category/ Type | MAM / LOVO / VAVAAAA |
| | FEDERAL SHARE | + | NONFEDERAL | | = TOTAL AMOUNT |
| | The section of the se | | | | |
| В. | Full Name (Last, First, Middle Initial) | - | | | Allocated Activity or Event: Administrative. Fundraising Exempt |
| | Mailing Address | | | | Voter Drive Direct Candidate Support |
| | City | State | Zip Code | | Public Comm (ref to party only) by PAC |
| | Purpose of Disbursement: | - : | | | Allocated Activity or Event Year-To-Date |
| | Activity or Event Identifier: | | | Category/ Type | Date Date |
| | FEDERAL SHARE | + | NONFEDERAL | SHARE | = TOTAL AMOUNT |
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| | 13-4-413-4-4-13-4-4-4-4-4-4-4-4-4-4-4-4- | | | 1 - A - C) - A - | |
| c. | Full Name (Last, First, Middle Initial) | | | <u> </u> | Allocated Activity or Event: |
| c. | Full Name (Last, First, Middle Initial) Mailing Address | Account Succession Suc | £37) | n | |
| Ċ. | | State | Zip Code | A | Allocated Activity or Event: Administrative Fundraising Exempt |
| Ċ. | Mailing Address | State | | | Allocated Activity or Event: Administrative Fundraising Exempt Votér Drive Direct Candidate Support |
| C. | Mailing Address City | State | | Category/ | Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC |
| C. | Mailing Address City Purpose of Disbursement: Activity or Event Identifier: | | Zip Code | Category/ Type | Allocated Activity or Event: Administrative Fundraising Exempt Votér Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date |
| C. | Mailing Address City Purpose of Disbursement: | State + | Zip Code | Category/ Type | Allocated Activity or Event: Administrative Fundraising Exempt Votér Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date |
| | Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE | + | Zip Code | Category/ Type | Allocated Activity or Event: Administrative Fundraising Exempt Votér Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT |
| | Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE | + | Zip Code | Category/ Type SHARE | Allocated Activity or Event: Administrative Fundraising Exempt Votér Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT |
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| Si | Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE OTAL This Period (last page for each line only) | + al Activity Th + | NONFEDERAL NONFEDERAL NONFEDERAL are to 21(a)(i) and | Category/ Type SHARE SHARE | Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT |
| Si | Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE | + al Activity Th + c)(Federal sh | NONFEDERAL NONFEDERAL NONFEDERAL NONFEDERAL NONFEDERAL | Category/ Type SHARE SHARE | Allocated Activity or Event: Administrative Fundraising Exempt Votér Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT |

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X

| NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRE OF ACCOUNT TOTAL AMOUNT TRANSFERRE | D |
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| BREAKDOWN OF THIS TRANSFER | |
| i) Voter Registration | |
| Total Amount Transferred for Voter Registration | |
| VOTER ID | |
| ii) Voter ID | |
| Total Amount Transferred for Voter ID | , |
| GOTV iii) GOTV | |
| Total Amount Transferred for GOTV | |
| GENERIC CAMPAIGN ACTIVITY | |
| iv) Generic Campaign Activity | |
| Total Amount Transferred for Generic Campaign Activity | |
| NAME OF ACCOUNT | ·D |
| NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRE | :D |
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| BREAKDOWN OF THIS TRANSFER | |
| i) Voter Registration VOTER REGISTRATION | |
| Total Amount Transferred for Voter Registration | |
| VOTER ID | |
| ii) Voter ID | |
| Total Amount Transferred for Voter ID | |
| GOTV iii) GOTV | |
| Total Amount Transferred for GOTV | |
| GENERIC CAMPAIGN ACTIVITY | |
| iv) Generic Campaign Activity | |
| Total Amount Transferred for Generic Campaign Activity | |
| | |
| TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) | |
| TOTAL This Period (Voter Registration) | |
| TOTAL This Period (Voter ID) | |
| TOTAL This Period (GOTV) | |
| TOTAL This Period (Generic Campaign Activity) | |
| TOTAL This Period (Total Amount of Transfers Received) | |

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

| PAGE | | OF | | |
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| FOR LINE | 30a | OF | FORM | зх |

| AME OF COMMITTEE (In Sull) | | | |
|--|--|--|--|
| AME OF COMMITTEE (In Full) | | | • |
| | | | |
| A. Full Name (Last, First, Middle Initial) / Full Or | ganization Name | | Type of Allocated Activity or Event: |
| | | | Voter Registration GOTV |
| | | | Voter ID Generic Campaigr |
| | | | |
| Mailing-Address | | | Allocated Activity or Event Year-To-Date |
| | | | |
| City State | Zip Code | | |
| | | | MAMININI NERO NECESARA |
| Purpose of Disbursement | | Category/ | Date |
| | | Туре | Remarkson Generalization Hermanikation |
| FEDERAL SHARE + | LEVIN SHA | ARE | = TOTAL AMOUNT |
| | | The state of the s | |
| | | - 1 - M | |
| B. Full Name (Last, First, Middle Initial) / Full Or | ganization Name | | Type of Allocated Activity or Event: |
| · | | | Voter Registration GOTV |
| 1 | | • | Voter ID Generic Campaign |
| | | | Allegated Assistances Forces Versi To Box |
| Mailing Address | | | Allocated Activity or Event Year-To-Date |
| | | | |
| City State | Zip Code | | hands 17 hands 17 hands 12 hands |
| Purpose of Disbursement | | | |
| Lathose of Dispulsement | | Category/ | Date |
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| FEDERAL SHARE + | LEVIN SHA | \RE | = TOTAL AMOUNT |
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| | | | |
| C. Full Name (Last, First, Middle Initial) / Full Or | ganization Name | | Type of Allocated Activity or Event: |
| | | | Voter Registration GOTV |
| | | | Voter ID Generic Campaig |
| | | | |
| Mailing Address | | | Allocated Activity or Event Year-To-Date |
| | -7:- O: -1:- | | |
| City State | Zip Code | | |
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| | LEVIN SHA | | Landson Danish Landson Danish Landson |
| OTAL This Period for the Levin Share | Secure Communication and Communication of the Commu | an the same have endineered been | |
| SIAE THIS LEHOO IOL BIC FEATH SHOTE | Samuel | | ¥ |

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

| NAM | E OF COMMITTEE (In Full) | | |
|-----|--|--|---|
| NAM | E OF ACCOUNT | | · |
| | | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
| 1. | RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A) | · · · · · · · · · · · · · · · · · · · | (2) |
| | (b) Unitemized | | |
| | (c) Total | · · · · · · · · · · · · · · · · · · · | |
| 2. | OTHER RECEIPTS | | |
| 3. | TOTAL RECEIPTS(Add Lines 1c and 2) | | |
| 4. | TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L=8) | | |
| | (a) Voter Registration | | (7) |
| | (b) Voter ID | | |
| | (c) GOTV | | |
| | (d) Generic Campaign | | |
| | (e) Total | | |
| 5. | OTHER DISBURSEMENTS | | |
| 6. | TOTAL DISBURSEMENTS(Add Lines 4e and 5) | Constituent handmant met handmant handmant | |
| 7. | BEGINNING CASH ON HAND(for Column B, use cash as of January 1st) | | Committee and Discontinued Disc |
| 8. | RECEIPTS(from Line 3) | · | |
| 9. | SUBTOTAL(Add Lines 7 and 8) | | 27. 4. 27. |
| 10. | DISBURSEMENTS | | |
| 11. | (From Line 6) ENDING CASH ON HAND | graduat free transf the control of t | the state of the s |
| | (Subtract Line 10 From Line 9) | | Berenderstand beset Hermiton and results and beset the self- |

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

PAGE OF Use separate schedule(s) FOR LINE NUMBER: for each category of the 1a Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation

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SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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| FOR LINE NUMBER: | PAGE | OF |
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| OF LEVIN FUNDS | Aggregation Page | 46 4d 4d |
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| Any information copied from such Reports and Statement or for commercial purposes, other than using the name a | ts may not be sold or used by any per and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | |
| Full Name (Last, First, Middle Initial) / Full Organizatio A. | on Name | Date of Disbursement |
| Mailing Address | | |
| City State | e Zip Code | Amount of Each Disbursement this Period |
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| Full Name (Last, First, Middle Initial) / Full Organization D. | on Name | Date of Disbursement |
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| Received from House Records & Registratio | Date of Receipt n Office |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | Date of Receipt or Postmarked |
| | 1/30/15 |
| (8/2013) | DATE PREPARED |